

Substance Abuse Services Division
Alabama Department of Mental Health/Mental Retardation

Conference Call #39 Summary
November 9, 2007
10:00 AM

1. Introductions

Approximately 45 callers participated in the conference call

2. ASAIS Update

- a. Clinical Electronic Data Interface (EDI)
 - i. Final specification for assessment and discharge, with sample files were released on 10/12
 - ii. Final specification for screening in process
 - iii. We realize that the lack of ability to finalize the EDI specifications will delay the ability to go live on timelines we previously discussed.
- b. Internal training complete
- c. Pilot Site Testing Restarted
 - i. Using all areas of the system
- d. Provider Training
 - i. We have trained 64 additional users from 18 providers, with another 24 scheduled from 4 additional providers

3. Upcoming

- a. Commissioner's decision as to the way to proceed is forthcoming
- b. EDI Conference Call Scheduled for 10am on Friday November 16

4. Discussion

- a. Name change – if providers don't have access to names in Demographics, how are names to be changed when someone gets married, etc.
 - i. Send us a note in the system and we will change the name, if appropriate. Remember, that multiple providers may have access to that same demographics page and we don't want one provider overwriting another one's over and over again.
- b. Diagnosis – how does Axis IV need to be submitted? (not required but collect data)

- i. I assume this has to do with EDI, there is a yes/no field for each of the values on the screen for Axis IV that indicate whether the box should be checked or not.
- c. Notes – confidential button? What does this do? Limit viewing to the recipient?
 - i. Correct, the confidential button means only the author of the note and the recipient can see it.
- d. Screening/referral – SASD said that they were paying for this? What is the mechanism to get paid? Need to make sure that Client Start Date is early enough to capture screening.
 - i. We are not paying for screening separately, this is part of the assessment process, per our own billing manual and Medicaid definitions, which is why the assessment provider is intended to be the one doing the screenings.
- e. Screening questions (CRAFT, UNCOPE) – when referral from CRO? Provider doesn't talk with client before they come in for the assessment. (Collect screening then?)
 - i. Correct, you would then do the screening at the time of assessment.
- f. HaPi v. Ticklers – if ticklers are created for Client Profile, but provider uploads data via HaPi, what happens to the ticklers? Do they go away when the Profile is created? Or will they exist until someone touches them.
 - i. Currently, they'll exist until someone touches them. I would expect most HaPi users will ignore the ticklers.
- g. SUDS – current checks are in SUDS to assure appropriate data entry – how many of these are/can be in ASAIS. E.g., in the Client Profile – male isn't pregnant, etc.
 - i. Any value that is on the client profile can be linked to another, so the example given could not be stopped, but many of the other current edits in SUDS will be in the Live version of ASAIS.
- h. Enrollment – any ability to upload these? (told them I didn't think so)
 - i. Not right now, but could be a later enhancement.
- i. Contract dollar amount – can we hide this from clinicians?
 - i. Yes
- j. DOB – Used the calendar icon and the field accepted a date with 1753 as the year (which we both thought was mighty unusual) but if you type in a year that old, it tells you that it is invalid.
 - i. We will report this to Harmony.
- k. Acceptance – are we going to go into Acceptance (during this test phase) and do the screening review part so that Providers will get the Profile ticklers and can do a HaPi upload?
 - i. Yes, screenings are being processed in Acceptance (as well as Live for the Pilots) during the testing period.

- l. Screenings/ASAIS – do they need to enter data on clients not being paid for by the State? (they do report everyone via SUDS)
 - i. If you currently report profile data on someone now, then our preference would be you continue to do that in ASAIS, but the requirement is around those paid by Medicaid or other state/block grant dollars.
- m. Screenings – any reasons a screening would be denied?
 - i. The only reason a screening is denied is if the information is incomplete and we are unable to load the client into the system. We are not making clinical judgements in the screening process, just getting the client loaded into ASAIS, beginning their episode of care when appropriate and enrolling them with your agency.
- n. Enrollment – LOS is not calculating correctly – shows same amount as Episode though enrollment has ended (discharged).
 - i. We have reported this to Harmony as a bug.
- o. Client Profile finance questions at the bottom of the form – would like definitions of all the buckets of money to assure that they answer these correctly, i.e., who qualifies for what. (UAB)
 - i. These definitions will be provided prior to go live, they are tied to the dollars in your current contracts.
- p. Screening – if they are currently doing these on paper and now will be doing these online, do they need to keep a copy in their paper records of what they submit?
 - i. No, a paper record is not necessary.
- q. WFW – need to add Diagnosis and Enrollment or Wait List to Client Profile WFW.
 - i. Yes, this will be added during the testing process
- r. It seems that much of the screening approval Brandon and Tasha will be doing could be automated. I feel that the volume of screenings once we go live will require faster processing to keep services timely and accessible. I submitted a concern about screenings which result in a referral to a different state agency for assessment - how to track in ASAIS where the client was directed. This scenario is common for us.
 - i. First, the screening process is a critical front-end component of the system, but it is not our intent to overburden the providers or the system unnecessarily. If you are immediately referring someone for an assessment, then it is entirely appropriate to let the assessment provider do the screening, that is how the system was intended to function. Then, you would receive a referral in the system back from the assessment provider and would not be required to enter a screening. I gave similar instructions to the residential rehab facilities I trained.

- s. This is a claims question, will our office manager be able to submit claims in groups of clients receiving same services same day, or will it be individually, as in SUDS?
 - i. As to your third question, the way the current version of the software works, it is a client by client process, just as in SASUDS today. However, there is a component of the system being built for MR, which will allow you to bill the same service for a group of clients on a daily basis. This should be available early next year, and would allow you to do just what you proposed.
- t. Does the “assessment provider” mean the clinician or the agency?
 - i. The agency

5. Announcements